

**UTAH STATE COURTS**  
**OFFICE OF ALTERNATIVE DISPUTE RESOLUTION**  
**Application for Master Mediator**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Please describe how you have fulfilled 30 hours of formal mediation training, **and include certificate of training** (for new applications to the court roster only).

Please describe how you have accumulated 300 hours in conducting mediation sessions (include any supporting documentation).

Please provide verification of 6 hours of continuing ADR training in the past year:

What is your educational background?

What is your current profession and place of employment?

Please list the Judicial Districts in which you are willing to provide mediation services:

Approved on:

By:

Return to: Kathy Elton, ADR Director  
Administrative Office of the Courts PO Box 140241, SLC, UT 84114-0241